



*Completion of this report is required by authority of Part 811, 1994 PA 451, as amended, to receive reimbursement.*

Law Enforcement Agency
Street Address or P.O. Box
City, State, ZIP

Court Hours	Equipment Maintenance Hours	Special Events Hours	Other Program Administration Hours
Prepared by: (please print)		Approved by: (please print)	
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
Officer's Signature	Date	Command Officer's Signature	Date

**Send completed Activity Report to:**

PR 1988-4 (Rev. 06/13/2007)